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APPLICATION NO.	FILING DATE		FIRST NAMED INVENTO	R A	TTORNEY DOCKET NO.	CONFIRMATION NO.
09/755,452 01/05/2001		Scott C. Harris		FILE-DOMAIN/SCH	5147	
APPLN, TYPE	SMALL ENTITY	NST UNINTENTIONAL	PUBLICATION FEE DUE	PREV. PAID ISSUE F	EE TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$0	\$0	\$1400	04/30/2007
EXAM		ART UNIT	CLASS-SUBCLASS	7	\$1400	04/30/2007
TRAN, ELLEN C		2134	380-286000			
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Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
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Please check the appropri	iate assignee category or	categories (will not be pr	rinted on the patent) : - [☐ Individual ☐ Corp	oration or other private gre	oup entity Government
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